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St. Bartholomew's Hospital Journal,

OCTOBER 14th, 1898.

"Æquum memento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.



WITH the October number it is customary to announce a fact which may be gleaned by reading the title-page, namely, that a new volume has begun. For we recognise that October is indeed the dawn of the year, and are not deceived by the conventions of the almanack. Readers of J. K. Stephen will remember how admirably he expresses this idea in his swan song, "Quo Musa Tendis :"

"For I take it the end of the Long Vacation

Is really the season, by light of reason,
Which ought and does to the wise appear
The Dawn of the Year.

"Years die in July, and are dead till September ;
By the first of October the New Year's born,
It's a sturdy infant in mid-December,
And reaches its prime some April morn ;

Hot and weary in June, it must perish soon,
It's working too hard ; it will break : but *here*
Is the Dawn of the Year.

"So back to work in the London streets,
Or college courts, or clamorous schools ;
We have tasted and dwelt on the passing sweets
Of sunlit leisure : resume your tools,
Get back to your labours, my excellent neighbours,
And greet with a spirit that work can cheer
The Dawn of the Year."

It is customary also with many of our contemporaries to proffer much good advice to the freshmen on this occasion. We will refrain, however, knowing full well that no man ever benefited by second-hand experience, and confine ourselves to extending them a hearty welcome to Bart.'s.

The first of October sees not only the inroad of new students, but the induction of a new Junior Staff. And to those who have just come on as juniors we offer congratulations mingled with sympathy, regarding them as less favoured than those who begin their duties in April. The latter have the advantage of being able to live out of the Hospital during the summer months, while those who are non-resident now have, in spite of delays from fog and rain, to find their way to the surgery promptly at nine o'clock. And the value of having every Sunday free from work is obviously not the same in winter as in summer. Then when the present junior becomes senior in the summer months he still finds himself at a disadvantage. The beds at his disposal are seriously curtailed for three out of his six months' residence during the annual closing of one of the wings, and the routine of the wards is somewhat disturbed by the constant changes resulting from the well-earned holidays of his "chief," his sisters and dressers or clerks, while he must toil on with but brief respite.

These grievances seem to us to press more hardly on the House Surgeons than on the House Physicians. For the latter are appointed every six months, and whether a man comes on in April or October is largely the fortune of war. But the House Surgeons are nominated annually, and the one that secures the senior nomination comes on in October, and experiences the hardships we have enumerated. His junior appears to us to be the more fortunately situated of the two.

We have no remedy to suggest, we only indicate drawbacks existing at present which are apparently inevitable. And the value of the resident appointments at Bart.'s is so great that men who come on may be justly considered fortunate, whether they do so in April or October.

On Diagnosis.


A Clinical Lecture on the Diagnosis of Intra-cranial Abscess and of Acute General Septic Peritonitis.

By HENRY T. BUTLIN, F.R.C.S., D.C.L., Surgeon to the Hospital.

[NOTE.—We much regret that the heading to the second lecture on the Diagnosis of Intra-cranial Abscess and of Acute General Septic Peritonitis was inadvertently omitted in our last issue. The result was that the opening sentence of the second lecture lost its meaning, as it referred to the reasons for associating two such different diseases together.]

ON THE IMPORTANCE OF SINGLE SYMPTOMS.—PART II.

Acute General Septic Peritonitis.

ENTLEMEN,—In the first part of this lecture I excused myself for having placed together two such different diseases as intra-cranial abscess and acute septic peritonitis on the pretext, not only that single symptoms are vastly important in the diagnosis of both, but that the pulse, which is in danger of absolute neglect in the surgical wards, must be closely watched if intra-cranial abscess and septic peritonitis are to be diagnosed sufficiently early to be treated successfully by surgery. I own I am more than satisfied to be able to show how important the pulse may be in diagnosis for the very reason that so little attention is paid to it in the surgical wards; and, for another good reason, the ease with which the necessary observations can be made. There is no question of acquiring skill in the use of some special instrument, and of making a mistake in what is seen or heard; there is, therefore, no excuse for omission of the taking of the pulse. In all cases of this kind, however, it must not only be taken, but it must be taken frequently, and must be recorded with the temperature, so that the two can be compared.

During the time I was Surgical Registrar to the Hospital I took a great interest in the cases of acute peritonitis which it was my lot to register, partly on account of the danger of the disease, partly on account of the difficulty there appeared to be in making the diagnosis in its early stages. My interest in the subject has naturally grown rather than diminished, on account of the urgent necessity of an early diagnosis in these days when surgery is prepared to deal

with torn and perforated stomach and intestines, and with the various other causes which give rise to septic peritonitis.

I believe that some, if not a great deal, of the difficulty of early diagnosis depends on the uncertainty which prevails on—

What is meant by the term Peritonitis.

Under the general term Peritonitis we are in the habit of including inflammations of the peritoneum, acute and chronic, septic and aseptic (if there be inflammations which are aseptic), limited and general, and even conditions which are only occasionally associated with inflammation, such as peritoneal tubercle.

The variety of peritonitis of which I am going to speak is septic peritonitis, such as occurs from the escape of the contents of the stomach and intestines into the peritoneal cavity; such as commonly occurred in former times after operations on the abdomen, from the use of dirty fingers, instruments, and sponges. It is an acute inflammation, generally very acute and rapid in its course, almost invariably fatal if treated expectantly. I am not quite sure whether I ought to call it *general*, although it very often is so within a short time of its commencement. But it may begin at a certain definite place in the abdominal cavity, and thence spread rapidly to every other place. Examples of this may be seen in perforating ulcers of the stomach and intestines, where the escape of the contents of the alimentary canal is not too rapid.

Again, I am sure that some of the difficulty in the diagnosis of acute septic peritonitis depends on an imperfect conception of the morbid anatomy of the disease. The same symptoms and the same grouping of symptoms are not present throughout an attack of acute peritonitis. A study of the—

Pathology of the Disease

is essential to a thorough appreciation of the symptoms which it may—and will—present at different periods of its course. Some of the symptoms which are set down as very important are certainly very important when they are present, but they occur too late to be of service when the success of an operation is to depend on an early recognition of the nature of the disease.

Picture to yourselves what happens when septic material is gradually introduced or even rapidly run into a certain part of the peritoneal cavity,—for instance, as the result of a rupture of the intestine in a healthy person, or from the sudden giving way of a gastric ulcer which has been long quiescent. The assaulted peritoneum instantly becomes reddened from congestion; a thin lymph is poured out in the course of the first few hours, which sticks the coils of intestine together just as cream or butter might do. The material which is extravasated may contain gas, which usually rises to the upper surface behind the abdominal wall. Gas is also

developed from the decomposition produced by the presence of pathogenic organisms. As the disease advances the coils of intestine become more firmly fixed together. Their coats are thickened. Peristaltic movement is impeded, and finally prevented. The lumen is filled fuller and fuller by the stagnating contents, from which gases are given off. The inflammation invades the wall of the abdomen, which becomes thickened, sodden, and œdematous if the patient lives sufficiently long.

Now think for a moment what symptoms will be produced by such conditions, and when they are likely to occur. The sudden extravasation of the contents of the canal causes almost invariably shock, sometimes very severe shock; and this is rapidly succeeded by fever, so that within two or three hours of the accident the reaction or fever may be marked. The abdomen is not swollen, unless it was so before the extravasation took place. It is almost invariably painful and very tender. And as movement or alternate pressure and relaxation over the affected part occasions pain, that part of the abdominal wall is kept still during respiration. If the whole of the abdomen is already affected, the whole abdominal wall is kept very still. As the disease advances the abdomen becomes swollen and tympanitic from the formation of gas in the intestines, and perhaps from free gas between the coils and in front of them. Thus the liver dullness may be no longer demonstrable. The coils of intestine are fixed, hence the movements of the intestine in the abdomen are no longer observed. The natural consequences of stagnation of the contents of the intestines are apparent in constipation and vomiting. The wall of the abdomen in the later stages of the inflammation is not merely fixed by muscular spasm, but is often thickened and rigid, and sometimes even œdematous from infiltration of its layers. At this time the patient usually lies on the back with the legs drawn up to relieve the intra-abdominal tension; the face becomes elongated, the cheeks hollow, and the eyes sunken.

In considering these symptoms and their relation to the events of the inflammation, it is obvious that some symptoms will be present from the beginning, while others will not be noticed until the disease has existed for many hours, or even for several days. Their relative value will therefore depend not only or even so much on their individual weight when they are present, as on the frequency or constancy with which they are present at a very early period of the disease; and I shall have to direct your attention to two symptoms particularly in this relation, the mobility of the abdomen and the rapidity of the pulse. But before I do so, in order to maintain the order of examination, which was almost lost sight of in the first part of this lecture, let us consider the

General Aspect of the Patient.

In the classical descriptions of peritonitis you find him

lying on his back, with the legs drawn up, and with the Hippocratic face—the long sunken face I have just spoken of. In truth, if you are called in to a case of commencing peritonitis, you must not expect this posture and appearance. They belong to a later stage. It is far more probable that the patient is very restless, and may move about in bed, and change his position more than once as you approach him. Some of you may have seen a young woman who was admitted in the later part of last year with what proved to be a perforated gastric ulcer. When I first saw her several hours after the accident she was very restless, and cried out constantly with pain. She had not the Hippocratic face; but, on the other hand, she looked desperately ill. Indeed, I have never seen a patient with peritonitis, in any stage of the disease, who did not look very ill.

The History

is often very important, but it is so different in different cases that it is difficult to speak of it in general terms.

You will, however, naturally ask whether the onset of the attack was sudden, and whether there have been previous abdominal attacks. You will inquire what food was taken for some hours before the attack began, for history of injury, for past symptoms of affection of the liver and stomach, of the kidneys, of the bladder, of the intestinal canal (particularly in these days of the appendix), of the uterus and its appendages. You will also carefully inquire where the pain began, for the seat of the first pain may serve to direct you to the cause of an attack of peritonitis.

The history of the food taken is sometimes as curious as it is valuable. Some years ago I was summoned to one of the suburbs to an old lady who was thought to be suffering from intestinal obstruction and peritonitis. She was in great pain, and when I inquired into her history I found that on the day preceding the attack she had tasted cucumber for the first time in her life, and was so enamoured of the seductive fruit that she ate nearly twelve small cucumbers. We took measures to clear her of the undigested mass, and she rapidly recovered.

Now for the—

Characters of the Disease;

in other words, the symptoms, which you will, for this disease, divide into *general* and *local*.

The *general* symptoms are for the most part those belonging to acute inflammation, with a small coated tongue, which is sometimes dry and brown, vomiting and constipation, and restlessness (at first). But if I placed these symptoms in the order of their value in all cases I should give the foremost place to the pulse. The temperature, instead of being raised, as it ought reasonably to be, may be normal or even subnormal. True, it is generally high at some period of the disease. The tongue may vary in size and in appearance. There may be no vomiting, no marked constipation (as yet); and the restless stage may be

passed. But the pulse is always quick. And in the earliest stages the pulse is rapidly increasing in rapidity; it runs up to 120, and often much quicker: it is quick whether the temperature is high or low, and it remains quick. It is not like the pulse of intra-cranial abscess, very variable in its rate; it is much more constant, always tending to grow quicker; it may vary in hardness and softness, in fulness and in other qualities, but it is always rapid.

Quickness of the pulse, taken alone, would be a very untrustworthy symptom of a grave disease, the pulse of excitable people is so easily set running. Fear, pain, apprehension, will send the pulse up twenty or more beats in the minute. It is, therefore, not nearly so weighty a symptom by itself as an abnormally slow pulse. At the very beginning of an attack of suspected peritonitis the pulse should be taken at frequent intervals. You want to know, not only whether it is quick, but whether it remains quick, and whether it is growing quicker. In the case of the young woman of whom I have just spoken there was very great difficulty in determining whether she was really suffering from grave mischief or not. She had been seen about two hours before I saw her by one of my colleagues, who thought there was not then sufficient evidence of serious mischief to justify an exploration. She appeared to be in great pain, and the upper part of the abdomen was kept very quiet. She was moving restlessly in bed, sometimes throwing herself from side to side. She looked very ill, and her pulse was over 100. But she was an excitable person, and very frightened about herself, which might account for the quickness of the pulse. And persons with colic are often very restless, and look dreadfully ill while the colic lasts. Before opening the abdomen I determined to try the experiment of an injection of morphia. It would allay her pain and agitation; and if the quickness of the pulse was due to her excitement, it ought certainly to cause the pulse to fall. At the end of an hour I came again to see her; found that she was free from pain, quiet, inclined to doze; but that her pulse, so far from being less frequent, was ten beats quicker than it had been. This decided me to operate, when commencing peritonitis from a perforated gastric ulcer was discovered.

The *local* symptoms are pain, tenderness, and impaired mobility of the abdominal wall; localised induration or fulness, with tenderness at that particular part; swelling and tympanites; presence of free fluid and gas in the abdomen; rigidity of the wall of the abdomen, and fixation of the intestinal coils. But, again, the first place must be assigned to the symptoms which are constant in the earlier stages of the disease, and, to my mind, in the following order:—(1) impaired mobility of the wall of the abdomen; (2) tenderness; (3) pain. Occasionally there are cases of acute peritonitis, in which the patient seems to suffer no pain, but they are rare. Tenderness is, I believe, always present, and so is impaired mobility of the abdominal wall.

Before you touch the abdomen of a patient with suspected peritonitis, take the pulse and look at the tongue. Then have the clothes gently moved off the abdomen and watch it, but do not touch the surface. Notice whether it moves in respiration, and whether the movement is as free as it is in health. If you are not sure, bid the patient fetch a deep breath. The attempt to do so may cause him to cry out, and will certainly bring into relief the impaired mobility of the abdominal wall. It may not be still all over, but it is very still over the part where the peritonitis is, and where it is advancing. Whether this impairment of mobility is due to reflex tonic spasm of the abdominal muscles, or to a distinct effort to keep the part still on account of the discomfort of alternate pressure and relaxation, I do not know. Experimenting on myself I find that it is possible to keep the muscles of the abdomen very quiet by a modification of the breathing, and I believe the first impairment of mobility is the result of this kind of effort, and that the muscles soon become habituated to the forced stiffening of them. For more than twenty years I have given attention to this early symptom of acute peritonitis, and I cannot recall a single case in which it was not present. Within the last few weeks I have had a woman die under my care, in whom I suspected that there might possibly be acute peritonitis after an abdominal operation, although the wall of the abdomen was freely moveable. She had a papillomatous cyst, or rather cysts, of the right ovary and broad ligament, which were removed on the 2nd of August. She was incessantly sick after the operation, the temperature rose to 101° to 102°, the pulse to 126 to 140, and remained about the same until she died on the 7th. The constant sickness, the high temperature and pulse made me suspicious that she might be suffering from a septic peritonitis. But the autopsy proved that the peritoneum was absolutely free from inflammation.

If I were to set down the symptoms of acute septic peritonitis in a tabular form, I should do so in the following manner:

GENERAL.	LOCAL.
Quick pulse, with tendency to grow quicker.	Impaired mobility of abdomen.
Restlessness, with later supine posture.	Tenderness.
Raised temperature, which may become subnormal.	Pain.
Small coated tongue.	Localised induration or fulness.
Vomiting.	Swelling and tympanites.
Constipation.	Free fluid or gas.
	Rigidity of abdomen and fixation of coils of intestine.

For such is the order of their constancy, and therefore to some extent of their relative value. I cannot imagine a case of acute septic peritonitis without a quick pulse and impaired mobility of the abdominal wall, unless there is

some other condition sufficiently powerful to prevent the pulse from quickening as it ought to do.

Examination of other Parts

is often very important, particularly of the rectum, and of the uterus and vagina. Distinct swelling may be found in the rectum, and extreme tenderness at the seat of the swelling. And it is possible, as my colleague Mr. Lockwood thinks, that the taking of the temperature in the rectum may discover a rise of temperature which is not apparent in the mouth or the axilla. I do not know how far the rectal temperature will prove of service in the diagnosis of acute peritonitis in the future. I am testing it now, and have found it higher than the temperature of the mouth; but in one case it was not higher than about 99°.

The Diagnosis

generally requires to be made between peritonitis and enteritis, between peritonitis and the results of injury in which there is no septic peritonitis; and even between peritonitis and colic. And, of course, the question may arise, after an abdominal operation, whether the patient is suffering from peritonitis or not. Space will not permit me to enter into a detailed description of the differences in the symptoms of these very different conditions. I can only say that I believe a combination of the three symptoms, quick (and generally quickening) pulse, impaired mobility of the abdominal wall, and tenderness, is essential to the diagnosis of peritonitis in an early stage, and that they are all three present within three or four hours of the onset of the inflammation.

Errors of Diagnosis.

A large book might be written on this heading alone, but I shall content myself with giving two personal examples, which showed me that the great threefold combination may occur in other conditions than peritonitis, although they ought never to be absent in a case of peritonitis. Curiously, both examples occurred also in the practice of my colleague, Dr. Gee. Rather more than a year ago he transferred to my care one afternoon a man who was not only supposed to be suffering from acute peritonitis, but was thought certainly to have free gas in the abdomen. His abdomen was distended, tense, and extremely tympanitic. The liver dulness was concealed by tympanites. The wall of the abdomen did not move; it was very tender, and the patient was extremely ill, with a small and rapid pulse. Immediate operation was indicated, and I made a small opening, through which no gas escaped. The peritoneum was perfectly healthy, but all the contents were thrust forward by a large soft tumour at the back, so that intestine was pushed in between the liver and the wall of the abdomen. The tumour afterwards proved to be a burst aneurism of the abdominal aorta.

Within a few months of that time I was called to see a young man in the north of London, who had been seen on two or more occasions by Dr. Gee, and I was told that it was a case for operation. I found the patient very ill; very quick pulse, raised temperature, distended abdomen, tender, painful, and tympanitic. I had no hesitation in diagnosing peritonitis, or in exploring the abdomen. But, again, I found a large tumour at the back of the abdomen, with a healthy peritoneum. In this instance the tumour was a large post-peritoneal abscess. I think Dr. Gee had profited more from the first case than I had done; for I asked the doctor in attendance afterwards whether Dr. Gee had not also diagnosed peritonitis. To which he replied, "No, he did not say that; he said the patient had the symptoms of peritonitis." However that might be, we were agreed that the case was one for an exploratory opening. And that leads me to advise that in every case in which the threefold combination of symptoms is present, and there is reason to suspect peritonitis, the doubt should be cleared up by a very small incision through the abdominal wall. I have often availed myself of this method, particularly in cases of injury to the abdomen, on the principle that, generally speaking, the sooner the diagnosis of this variety of peritonitis is made, the better the chance of discovering and remedying the cause, and the better the chance of the patient.

On the Good Effect which Goat's Milk occasionally has in Marasmus.

By W. P. HERRINGHAM, M.D., F.R.C.P.



ANY years ago, when I was Casualty Physician, a woman brought me a miserable skeleton of a baby some weeks old, which had been brought up on artificial food, and which had constant sickness and diarrhoea. Judging it to be curable by judicious feeding, I altered the diet in various ways, but found that do what I would, and though I was confident the mother obeyed orders, I could not improve the condition of the child. I cannot lay hands upon the notes of the case, but I have no doubt that I tried all the usual variations of milk, cream, whey, and raw meat juice. Yet the baby did not die, though how it lived seemed incomprehensible, but remained as it was at first, a living skeleton. After some two or three months had been thus spent I one day suggested goat's milk. The mother found a goat in her neighbourhood, and gave the milk. The result was most surprising. The child threw from that day, and in a few weeks was as fine a baby as might be seen.

This case made a strong impression upon me, and I determined, if I saw a similar case, to try the same treatment.

In February, 1898, a boy, R. W—, aged eight weeks, was admitted under me at the Paddington Green Children's Hospital. He was suckled for two weeks, when the mother's milk failed, and since then had been given boiled cow's milk and barley water with regularity, under the direction of one of my colleagues. He, however, did not thrive, and during the last two weeks had been vomiting and wasting, and two weeks before admission weighed only 7 lbs.

I found it a case of marasmus, with no perceptible lesion of any organs, and dieted it first on peptonised milk, then on raw meat juice, then on the "cream-milk" mentioned by Dr. Cautley in the *Lancet* of 1896, then on ass's milk, then on raw meat juice, cream, and bread jelly, but with no good result. On April 4th the child weighed 7½ lbs.—exactly its weight when first admitted. It had not had diarrhoea, but it had vomited constantly with all the above diets. The former case had been in my mind for some little time, but I thought it better to try other diets which are recommended by the faculty before I experimented with a milk which for children with delicate digestions is not. I now gave goat's milk, and nothing else. The result was surprising. The vomiting diminished directly, and soon stopped; the weight on April 13th was 8½ lbs., and on April 20th 8¾ lbs., and the child was evidently thriving and progressing rapidly. But on the 27th he was seized with some acute febrile attack, which we believed to be measles, as several cases had broken out in the hospital, and died in twenty-four hours with a temperature of 104.2° F. The post-mortem revealed no visceral lesion; the stomach and intestines especially were quite natural.

Although the end was so disappointing, yet I and others who saw the child were quite convinced that the disease of which he died was a fresh malady, having no relation to the original digestive disorder, and were equally confident that the latter had been overcome by goat's milk when the other diets given had failed.

The two cases had this in common, that both seemed able to hold on to life, and yet unable to grow or thrive. Both were marked by vomiting and extreme emaciation, but in the last there was no diarrhoea, and in the first the diarrhoea which at one time existed was never dangerous, and was soon allayed. There was evident inability to assimilate, but there was little irritation of the alimentary canal.

I cannot explain why goat's milk should have succeeded. Cheadle states that it is richer in cream than cow's milk, but that the casein, which is in almost the same proportion as in cow's milk, coagulates like that in heavy masses. As an example of the mistakes made by ignorant doctors, he says, "I have seen a delicate little infant, with a stomach whose powers were utterly unequal to digesting the coarse heavy curd of cow's milk, which set up vomiting and purging, forthwith put on goat's milk." Yet I think I shall try it again if I see occasion.

The Microscopic Diagnosis of Tuberculosis.

By A. A. KANTHACK, M.A., M.D., F.R.C.P., Fellow of King's College, Professor of Pathology in the University of Cambridge.



R. BUTLIN, in his delightful lecture "On Diagnosis,"* rightly says that the pathologists "may discover what they certainly ought not to do." This is true, and the reason is that the art of diagnosis, as practised by the pathologist, is as difficult to acquire as the same art practised by the clinical surgeon and physician. It is not, however, my intention to discuss this matter here, especially since all who are acquainted with my own views know that I agree with Mr. Butlin's statement that special instruments and methods should be employed as aids to diagnosis in every case in which it is possible to take advantage of them, and also with his recommendation to take nothing for granted. Moreover quite recently I have fully expressed my views on the meaning and purpose of clinical pathology. Mr. Butlin, however, mentions an interesting point in his lecture by way of illustrating his argument. He writes that in one case tubercle bacilli were found in the purulent urine of a lady. They were never found on any subsequent occasion, and the lady made an excellent recovery, and remains well to the present time, so that it is difficult to believe she was suffering from tubercle in the kidney. But if not, where, he asks, did the tubercle bacilli come from on that one occasion on which they were discovered by a competent bacteriologist?

Now it is quite possible that I was this "competent bacteriologist." If so, while appreciating the compliment paid me by Mr. Butlin, I hasten to explain the difficulty, if not the error. If some one else was the "competent bacteriologist," this explanation may be of use to him and other "competent bacteriologists."

I ask, "Were those bacilli really tubercle bacilli?" I remember a case similar to the one Mr. Butlin mentions, where in the urine, also of a lady, bacilli giving the staining reactions of tubercle bacilli, and resembling them morphologically, were found by a learned friend of mine, who, however, was not a "competent bacteriologist." I refused to regard them as true tubercle bacilli, and in my opinion they were so-called smegma bacilli, or, to use a better name, pseudo-tubercle bacilli. Using careful and critical methods of staining in that case, I never obtained bacilli staining like tubercle bacilli, although a large number of observations were made.

This is a matter of great importance. We know now that there are bacilli which resemble the tubercle bacillus morphologically, as well as in staining reactions, just as there are

* This JOURNAL, vol. v, No. 12.

bacilli resembling in those respects the diphtheria bacillus. Scepticism is therefore necessary. Such pseudo-tubercle bacilli may be found in the bladder, urethra, vagina, rectum, and elsewhere. They may be found even in the sputum. Pappenheim (*Berliner klin. Wochenschr.*, 1898, No. 37) describes a case where in the purulent sputum masses of red bacilli were demonstrated by Gabbet's method; yet post-mortem tuberculosis could be excluded. In the same journal (1898, No. 11, p. 246) A. Fränkel had previously drawn attention to the occasional presence of pseudo-tubercle (smegma) bacilli in purulent sputum.

It is therefore necessary in the microscopic and bacterioscopic diagnosis of tuberculosis to use proper and careful methods, for we must remember that, as Bienstock and Gottstein (*Fortschritte der Medizin*, 1886, Nos. 6 and 8) have shown, many bacteria, when grown on fat-containing media or on media artificially impregnated with fat, acquire staining properties similar to those of the tubercle bacilli. Now in many kinds of sputa, especially those which are purulent, fat or myelin is found in large quantities, and the same is true of many other purulent discharges, especially when there is a necrotic or gangrenous tissue lesion at the bottom of the mischief. I can confirm Fränkel's observations from my own experience, and am therefore becoming more critical as I grow older. In milk and butter, where, of course, much fat is present, pseudo-tubercle bacilli are frequently found; and, as shown by Lydia Rabinowitsch, mistakes have been made by several observers who condemned butter, as containing tubercle bacilli, on insufficient evidence (*Zeitschrift für Hygiene*, vol. xxvi, p. 90).

I shall not enter into the whole question of the pseudo-tubercle bacillus here. What my readers will desire to know is this: *can we in future rely at all upon the microscopical diagnosis of tuberculosis?* Of course we can, if we proceed with care.

(a) Methods like Gabbet's method, where two or three different processes are condensed into one, should be avoided, and instead the ordinary Ziehl-Neelsen method (carbol-fuchsin) should be used.

(b) If the discharge or sputum is not purulent or necrotic, but merely mucous or muco-purulent, there is practically no danger of falling into the error of mistaking pseudo-bacilli for true ones.

(c) Where the sputum or discharge contains fat, fatty acids, or myelin, special care is required. With Fränkel (*Berliner klin. Wochenschrift*, 1898, No. 40) I agree that Honsell's method of differentiating between the two forms of bacilli is the best.

Honsell's method.—Having stained a film in carbol-fuchsin by the ordinary method, examine it (mounted in water); and if red bacilli, resembling tubercle bacilli, are found, place the film for ten minutes in 3 per cent. HCl alcohol. Then wash in water,

and counter-stain with an alcoholic solution of methylene blue (which must not be saturated). If the bacilli, previously red, now disappear, then in all probability we were dealing with pseudo-tubercle (smegma) bacilli.

(d) In all doubtful cases, and always when tuberculosis of the kidney or bladder is suspected, guinea-pigs also should be inoculated. These subsequently must be worked up in the recognised manner, *i.e.* tubercles and tubercle bacilli must be demonstrated histologically.

(e) Never neglect the clinical evidence, *pro or con*.

I trust that these brief remarks may prove useful to some readers of our JOURNAL. The question raised by Mr. Butlin proves once more that there must be constant reciprocal appeal from clinical observation to pathological investigation, and *vice versa*. The two at all times must act and react upon one another. I cannot do better than conclude by quoting the practical and sound words of advice which Mr. Butlin addressed to his audience, "The kind of scepticism which is most useful is that which declines to take anything for granted."

Clubs from a Practitioner's Point of View.

HAVING recently settled down in practice in a large manufacturing town where medical clubs and medical aid societies are in a flourishing condition (though not more so than in towns of similar population, for I have made inquiries on this point), it seemed to me interesting and instructive to inquire into the working of these institutions; for they have a very close connection with the medical profession, a connection which does not come under one's notice during the time that one is at the hospital.

In our student days we form our ideals of the medical profession from our teachers, men justly occupying the highest places in the profession, who for this very reason are not brought face to face with the conditions of club work; and not till one gets into general practice, the lot of the majority who qualify, does one see to a greater or less extent this aspect of the medical profession.

To assert that all club work is degrading, and the man who undertakes it is therefore of the nature of an outcast, is merely to betray one's ignorance. The evils lie not in the existence, but in the abuse of clubs.

A club ought to be looked upon as a form of charity,—that is to say, people who are not able to pay a reasonable fee, and yet are not in sufficiently straitened circumstances to seek free advice, should by paying a reduced amount regularly receive proper medical attendance in time of sickness. That the actual state of things is far from this conception will readily be admitted, the financial and not

the philanthropic success of these societies being considered the more important.

The aims of many of the large benefit societies are very similar,—such, for instance, as the Oddfellows and Foresters; and it will be seen that they are essentially of the nature of an insurance in which medical attendance plays a secondary part. Briefly, they may be said to be threefold: an allowance during sickness, a sum at death varying with the weekly amount paid, and medical attendance during sickness. That they offer great advantages to the working man is clear, and provided they were limited to the right class of persons, and a fair remuneration given for the work done, few medical men would complain. On these two points I shall have something to say later. Other societies have still more extensive aims, such as the National Deposit Friendly Society. This society among its other inducements holds out the prospect of old age pensions, or a sum realisable at some fixed age. Space forbids my entering into the working of this society; the arrangements are complicated but of great interest, and I merely bring it forward to illustrate this principle of insurance.

I have recently been told of another society, a burial society, which, besides supplying medical aid to its members, gives them an interment when the services of the medical attendant are no more required. My informant was so indignant at being asked to be the medical officer of such a society that he did not trouble to go into its details.

Another form of medical assistance that may be mentioned are those small clubs called “slates,” or “corks,” which the *habitués* of a public-house form among themselves, paying to the publican who acts as treasurer a weekly sum, and appointing a qualified practitioner to attend them in time of illness. It is customary for these clubs to terminate at the end of each year, when any surplus is divided among the members that is left after the payment of the medical man and of sick benefit.

Mention may be made of clubs organised by some enterprising layman, who makes it a business to tout for people to join his club, and pays a doctor a certain fixed sum for each member, keeping a percentage for his own trouble. All that can be said in favour of this system is that a few persons may be persuaded to join who might otherwise obtain medicine and advice free of cost at some public institution. The better societies safeguard their interests by only admitting male members between certain ages—eighteen to forty-five are the usual limits,—and then only after an examination to show that they are not chronic invalids. As, however, the greater number of members that a society has on its books the better is its financial state as a rule, the question of wage limit is ignored.

To show what powerful organisations these societies may become, and how sound their financial state can be, the Manchester Unity of Oddfellows may be cited as an example. Its members are said to number hundreds of

thousands, with lodges in all parts of the world, most if not all being self-supporting; I am told that the mother lodge has a capital of several millions, and could pay all possible claims at any time.

This absence of wage limit bears heavily on the medical man by allowing people to join who could well afford to pay a reasonable fee, and by allowing members of the society, who by a turn of fortune's wheel are in a better position than when they first joined, to retain their memberships. Further, these people have no hesitation in accepting the services of the club doctor in time of sickness, and hope to earn a reputation for generosity by not declaring on sick benefit, knowing full well that the opinion of their fellow-members would be strongly against them if they did. This is a grievance keenly felt, and one which I have heard practitioners bitterly complain about.

Another grievance, and one that at first sight is apt to be overlooked, is that the practitioner who undertakes club work has no voice on the committee of the society for which he is working, and often is completely at the mercy of men who are unlettered and in many ways his inferiors.

A very difficult question to settle is what ought to be considered a fair remuneration for contract work; the number of members in the society, the admission of women and children as members, the amount of work that the medical attendant may be called upon to do, the distances which he may have to go, and the matter of dispensing have all to be considered. That in many cases it is much too low must be admitted; also that undue competition and unfair attempts at lowering prices—measures that cannot be too strongly deprecated—are in a way responsible for the present state of affairs. The sum of five shillings per annum for each member has been suggested as a minimum; whatever the amount be, it should be one that has been agreed upon and rigidly adhered to by all the medical men in that particular district. Many of the lodges of the Oddfellows and Foresters pay their medical officers five shillings per annum for each member, and for this he gives advice and medicine. This amount, I have been told, may be considered a reasonable remuneration, and one that works well in practice. In some localities there is often a modification of this: for instance, the medical attendant will receive four shillings and sevenpence per annum for each member, the remaining fivepence being given to some chemist who agrees to supply all medicines for members of the society. I am told that this works out to about three farthings for each bottle of medicine.

Many societies and clubs give their medical attendants much less than the above rate; one penny per week for each member is not at all an uncommon allowance; sums even as low as two shillings and sixpence per annum are offered and accepted. These figures speak for themselves, and I leave my readers to draw their own conclusions.

I have mentioned what seems to me to be the most

glaring evils of this contract work. There are many others, but I do not propose to weary my readers by going into them in detail. For those who are interested the following points will form food for reflection:—The medical examination of members before admission into the society; the advisability or the reverse of forming clubs for women and children, and if advisable, the rate of payment at which they should be taken; the signing of certificates in time of sickness; the dealing with malingerers.

Every one is agreed that a wage limit ought to be established above which medical attendance should not be obtained at wholesale prices. What should this wage limit be? That it does not depend alone on what a man earns is clear; the number of persons dependent on him (*e.g.* a married man with a family is clearly in a worse position than a single man with no ties), the state of the trade in which he works, and the natural disinclination for people to make public their earnings, have all to be considered. These points have all been raised by working men with whom I have discussed the subject; one man who was earning nearly three pounds a week assured me that this was only so because the trade happened to be good, while in winter-time he was frequently out of work for weeks at a stretch; another man objected to making known his earnings, and considered that a fixed wage limit was not practicable for this reason.

Many of these objections could and have been overcome by taking the wage limit at not what a man earns, but what he has to pay for house rent; this, however, is not altogether satisfactory, and many objections could be urged against it. Probably no one definite rule could be made that would apply to every one, but the difficulty could be overcome by the investigation of each case on its own merits by a committee. And this suggests the remedy for another grievance, for on all committees of management the interests of the medical officer ought to be represented.

Having pointed out some of the glaring evils of contract work, and the remedies that have from time to time been suggested, it only remains to show how they might be carried out. It has been proposed to make a fervid appeal to the General Medical Council to lay restrictions on practitioners who do contract work, but it is doubtful whether such a matter is within their province, and the likelihood of their undertaking such a task is too remote to be speculated upon.

Another suggestion is that the heads of the profession should make a definite pronouncement on the question, and bring professional opinion to bear on the medical officers of benefit societies. Little, however, can be expected from such a course; the first step has to be taken by general practitioners themselves, and this first step has been shown to be local combination; what may develop after this is immaterial at present. Local combination appears an easy matter at first sight, but the united action

of a number of people, even for their own interests, means the absolute sinking of all individual differences, and this is difficult to bring about. At Eastbourne, Lincoln, and elsewhere meetings of the local practitioners have taken place, and attempts been made to grapple with the abuses of contract work. That these are efforts in the right direction, and have met with a large measure of success, nobody can doubt; even if not successful at first, they tend to produce unity of aim and to pave the way for future efforts.

Notes.

WHEN William Hogarth was thirty-nine years old he enriched the charity of St. Bartholomew's Hospital by the two pictures on the staircase of the Great Hall which are so familiar to us. His reputation as a painter of great originality, but in quite another direction than that of depicting historical or religious subjects, was already assured him. But, as with not a few great men, his desired line of recognition and the line the public took were not the same. Goethe at one time fancied he would be known more for his researches into optics than for his literary productions; Rossetti considered he would live as a poet when his attempts at the pictorial on canvas were forgotten; it is even said that Socrates had a lurking belief that his merits in a certain branch of medicine outweighed his additions to philosophy. What happens in these cases is doubtful; apparently either the demand the public makes is too strong to be denied, or after all the individual makes but a poor judge of the particular quality of his genius. Any way, the results which seem sometimes second-rate to the producer often stand first with his judges. Hogarth's ambition at one time was to make a name as a painter of the order that results in such pictures as those upon the staircase of the Great Hall; but the public had it otherwise.

* * *

"BEFORE I had done anything of much consequence in this walk," he says, speaking of the style of painting that had brought him notoriety, "I entertained some hopes of succeeding in what the puffers in books call the great style of history painting; so that, without having had a stroke of this grand business before, I quitted small portraits and familiar conversations, and with a smile at my own temerity commenced history painter, and on a great staircase at St. Bartholomew's Hospital painted two Scripture stories, the 'Pool of Bethesda' and the 'Good Samaritan,' with figures seven feet high. These I presented to the charity, and thought they might serve as a specimen to show that were there an inclination in England for encouraging historical pictures, such a first essay might prove the painting them more easily attainable than is generally imagined. But as

religion, the great promoter of this style in other countries, rejected it in England, I was unwilling to sink into a portrait manufacturer; and, still ambitious of being singular, dropped all expectations of advantage from that source, and returned to the pursuit of my former dealings with the public at large." And who shall say the great student of the human face failed to achieve his "ambition"?

* * *

ALL this by way of preface. Just recently the Hospital authorities have had the two paintings cleaned, with results that can only be appreciated by personal inspection and study, but which are such as to call for our thanks and congratulations to the promoters of the idea. The addition (for such it really seems) of several points of interest in the scenes, as imagined by the artist, will be found for themselves by all whose previous acquaintance with the pictures was made through a deposit of a hundred and fifty years of dust and soot.

* * *

IN the "Good Samaritan" we seem to see the artist's attempt to depict the self-righteous priest as a veritable whitened sepulchre, and a feature quite lost before is the abject grovelling figure of the poor wretch who turns aside from his path to kneel at the feet of the scornful ecclesiastic. The Levite's rapt attention to his scroll contrasts with the casual glance he bestowed upon the suffering man. The wounded dog in the foreground becomes a more piteous spectacle of devotion and faithfulness.

* * *

"THE Pool of Bethesda" gains even more by the renovation, perhaps because it is rather more badly lighted than its companion. Only to mention a couple of details that are brought out more clearly: the friendless waiter for the angel that stirs the waters is demonstrating the nature of his long infirmity to the Great Physician; the woman whose costly litter is being borne by slaves who chafe at the delay occasioned by Christ's compassion for the poorer patient, and whose high birth is proclaimed by her bejewelled neck and limbs, has no infirmity to demonstrate at all; whence we may assume the artist's genius considered it—as indeed is not unlikely, remembering his close study of human disabilities—a paralysis of purely functional character. The study and enjoyment of these masterpieces of Hogarth's in their new aspect will doubtless cause many of us to raise the high estimate we have of the genius of our neighbour—Hogarth was born in Bartholomew Close,—as well as feel proud to be the possessors of such genuine works of art.

* * *

THE South Wing is now reopened. In another column an account of the alterations will be found.

* * *

It has been suggested that it would be a useful innovation if Bart's men who are changing their address would

notify this fact to the JOURNAL. By this medium they will be enabled to keep in touch with their old friends. We propose to start a column for this purpose, and shall be glad to receive notice of any recent changes of address.

* * *

THE Queen has approved of the following admissions to be Surgeon-Lieutenants in the Indian Medical Service:—H. B. Meakin, H. Boulton, and H. J. R. Twigg.

* * *

WE regret to announce the death of Surgeon William Godfrey Peck, R.N., which occurred at Malta on July 28th. He received his appointment as surgeon in November, 1894.

* * *

WE have also to announce with regret the sudden death from sunstroke of Surgeon-Captain Archibald William Forbes Russell, I.M.S., which occurred on June 21st at Bareilly, Bengal. He joined the service in 1874, and was promoted Surgeon-Captain last year.

* * *

Two nominations without examination for the Royal Army Medical Corps were offered to men of this School last month by the Secretary of State for War. Mr. H. K. Palmer and Mr. H. V. B. Wroughton were proposed, and are now at Netley.

* * *

THE farewell dinner of the outgoing Junior Staff was held on September 30th, and was pronounced a decided success. Mr. H. Williamson took the chair. After the loyal toasts Mr. R. de S. Stawell proposed the traditional toast of "Confusion to our successors," to which Mr. Thursfield responded with all due humility. The chairman then proposed the health of "The Nursing Staff" in a speech of expansive benevolence, while Mr. Douglas efficiently undertook the delicate task of replying. Mr. Langdon Brown gave the toast of "The Warden and Mrs. Calvert," which was followed by that of the Chairman and the Secretaries (Mr. Langdon Brown and Mr. A. Granville). The evening concluded with an enthusiastic rendering of "Auld Lang Syne."

Amalgamated Clubs.

RUGBY UNION FOOTBALL CLUB.

NEVER before has the Rugby season presented such rosy prospects; it began on October 5th with the trial game at Winchmore Hill. The new men are a very promising lot; the three-quarter line will be stronger than it has been for years, and at half we shall take a lot of beating. Carroll showed very good form. The forward team at present is the same as last year with the exception of our last season's captain, Bennett, who is out of his year. Our losses from last year are, indeed, heavy ones, Bennett and Mason. We shall sorely miss the giant strength of our last year's captain and Mason's speed. It is unfortunate that the match with Sandhurst, one of the pleasantest fixtures of the season, had to be cancelled.

OFFICERS.

President.—A. H. Bowlby, Esq., F.R.C.S.
Captain 1st XV.—A. J. W. Wells.
Vice-Captain.—C. H. D. Robbs.
Captain 2nd XV.—H. W. Pank.
Secretary.—H. C. Adams.
Committee.—T. M. Body, T. A. Mayo, C. Dix, J. A. West, A. O. Neill, L. R. Tossill, A. M. Amsler.

FIXTURES—1898.

	First XV.	Club.	Ground.
October	8th.	R.M.C.	Sandhurst.
"	15th.	Civil Service	Winchmore Hill.
"	22nd.	Park House	Winchmore Hill.
"	26th.	R.N.C.	Greenwich.
November	2nd.	East Sheen	Richmond.
"	5th.	R.I.E.C.	Cooper's Hill.
"	9th.	R.M.A.	Woolwich.
"	12th.	Upper Clapton	Winchmore Hill.
"	19th.	Lennox	Stamford Bridge.
"	26th.	Bedford	Bedford.
December	3rd.	Old Leysians	Crystal Palace.
"	10th.	Croydon	Croydon.
"	17th.	Old Merchant Taylors	Richmond.
Second XV.		Club.	Ground.
October	15th.	Civil Service 2nd	Richmond.
"	22nd.	University College School	Away.
November	5th.	Old Charltonians	Charlton.
"	9th.	St. Mary's Hospital 2nd	Away.
"	12th.	Upper Clapton 2nd	Clapton.
"	16th.	Merchant Taylors	Winchmore Hill.
"	26th.	Guy's 2nd	Winchmore Hill.
December	3rd.	St. Thomas's Hospital 2nd	Away.
"	14th.	St. Mary's Hospital 2nd	Winchmore Hill.

ASSOCIATION FOOTBALL CLUB.

OFFICERS.

President.—W. H. H. Jessop, Esq., F.R.C.S.
Captain.—J. A. Willett.
Vice-Captain.—A. H. Bostock.
Secretary.—H. N. Marrett.
Captain and Secretary 2nd XI.—C. H. Turner.
Committee.—L. E. Whitaker, L. Orton, H. J. Pickering, V. G. Ward, E. H. Scholefield, H. H. Butcher, A. R. Tweedie.

FIXTURES—1898.

	Club.	Ground.
Wed., Oct. 5th.	Practice Match	Winchmore Hill.
Sat. " 8th.	Cheshunt	Cheshunt.
Wed. " 12th.	Dorking	Dorking.
Sat. " 15th.	Harrow Athletic	Harrow.
Wed. " 19th.	Ealing	Ealing.
Sat. " 22nd.	R.M.A.	Woolwich.
Wed. " 26th.	Barnes	Barnes.
Sat. " 29th.	Old Cranleighans	Winchmore Hill.
Wed., Nov. 2nd.	Richmond	Richmond.
Sat. " 5th.	Fox's Team	Winchmore Hill.
Sat. " 12th.	Ipswich	Ipswich.

LAWN TENNIS CLUB.

INTER-HOSPITAL CHALLENGE CUP.

First Round.

St. Bartholomew's beat Guy's Hospital by 10 matches to 2.
Singles.—S. Bousfield beat F. G. Cross (Guy's), 6-1, 6-1.
 J. K. Marsh beat E. L. Kelsey (Guy's), 6-2, 6-1.
 V. Bell beat P. O. Mandy (Guy's), 6-3, 6-1.
 C. Pennefather beat H. R. Lacey (Guy's), 6-3, 6-4.
 J. Stirling Hamilton lost to M. C. Wetherall (Guy's), 1-6, 6-4, 2-6.
 C. H. Barnes beat G. T. Willan (Guy's), 6-3, 6-4.
Doubles.—Bousfield and Marsh—
 beat Cross and Kelsey (Guy's), 6-2, 6-0.
 beat Mandy and Lacey (Guy's), 6-4, 6-3.

Bell and Pennefather—

lost to Mandy and Lacey (Guy's), 3-6, 1-6.
 beat Wetherall and Willan (Guy's), 6-2, 6-3.
 Hamilton and Barnes—
 beat Wetherall and Willan (Guy's), 6-2, 6-2.
 beat Cross and Kelsey (Guy's), 7-5, 6-4.

Second Round.

St. Bartholomew's beat University Hospital by 8 matches to 4.
Singles.—Bousfield beat F. G. Bennett (V.), 6-2, 4-6, 6-3.
 Marsh beat C. T. Fox (V.), 1-6, 6-2, 6-0.
 Bell lost to R. A. Rose (V.), 4-6, 2-6.
 Pennefather beat R. F. Barwell (V.), 6-3, 6-3.
 Hamilton beat W. L. Scott (V.), 8-6, 6-2.
 Barnes lost to A. B. Cubley (V.), 3-6, 6-4, 1-6.
Doubles.—Bousfield and Marsh—
 lost to Bennett and Fox (V.), 6-8, 2-6.
 beat Rose and Cubley (V.), 6-3, 6-3.
 Bell and Barnes—
 beat Rose and Cubley (V.), 6-1, 4-6, 6-2.
 beat Barwell and Scott (V.), 6-1, 6-1.
 Pennefather and Hamilton—
 beat Barwell and Scott (V.), 6-1, 6-3.
 lost to Bennett and Fox (V.), 6-1, 5-7, 1-6.

Final.

London beat St. Bartholomew's Hospital by 8 matches to 5.
Singles.—Bousfield lost to J. H. Philbrick (L.), 6-2, 3-6, 2-6.
 Marsh beat C. F. Enthoven (L.), 7-5, 6-4.
 Bell lost to C. C. Simson (L.), 4-6, 0-6.
 Barnes lost to A. E. Gilmore (L.), 5-7, 4-6.
 Pennefather beat R. Norman (L.), 6-0, 7-5.
 Hamilton beat A. R. Brennan (L.), 6-4, 6-3.
Doubles.—Bousfield and Marsh—
 lost to Philbrick and Enthoven (L.), 2-6, 1-6.
 beat Norman and Brennan (L.), 4-6, 6-3, 8-6.
 Bell and Barnes—
 lost to Simson and Gilmore (L.), 6-1, 6-8, 0-6.
 lost to Philbrick and Enthoven (L.), 2-6, 2-6.
 Pennefather and Hamilton—
 beat Norman and Brennan (L.), 6-4, 4-6, 6-3.
 lost to Simson and Gilmore (L.), 2-6, 9-7, 1-6.
 lost to Philbrick and Enthoven (L.), 1-6, 5-7.

Last year was the first time we held the Cup, and it is disappointing to have lost it so soon, especially after getting into the final round.

Old Students' Dinner.



THE Old Students' Dinner was held in the Great Hall on Tuesday, October 4th, and the proceedings were very successful. One hundred and thirty-two stated they were coming, and of these no less than 129 turned up, thus affording the Secretary a pleasant surprise. The arrangement of the hall was an improvement on previous years, the tables being closer together, so that the speeches were better heard. Sir William Turner took the chair, and after the toast of the Queen, he proposed the health of "The Hospital and School." He told his hearers how Sir James Paget had been one of the formative influences in his life, and excited applause by saying that the best dissection of the cervical plexus he had ever seen was one made by the Treasurer, Sir Trevor Lawrence, when he was a medical student. Sir Dyce Duckworth proposed the toast of "The Army, the Navy, and Reserve Forces," coupled with the names of the Director-General of the Army and Inspector-General of the Navy. The former, in his reply, recorded the interesting fact that there had been no septic case during the last Indian campaign, indicating what an enormous difference Listerian methods had wrought in the battlefield. The latter, Sir H. F. Norbury, K.C.B., is himself a Bart's man. Dr. Norman Moore, who was in his best vein, proposed the health of "The Distinguished Visitors," among them being Sir Frederick Abel and Professor Ray Lankester, the latter of whom replied. The toast of "The Chairman and the Secretary (Mr. Bruce Clarke)" was then drunk, after which an adjournment was made to the Library, where coffee was served.

Abernethian Society.

Founded 1795. Winter Session, 1898-9.

COMMITTEE OF MANAGEMENT.

Presidents:—Mr. T. J. Horder, Mr. J. H. Thursfield.
Vice-Presidents:—Mr. E. S. E. Hewer, Mr. R. de S. Stawell.
Treasurer:—Mr. A. Willett, F.R.C.S.
Hon. Secretaries:—Mr. H. D. Everington, Mr. W. T. Rowe.
Additional Committeemen:—Mr. W. Morley Fletcher, Mr. F. Gröne.

This Society, composed of the Teachers and Students of the Hospital, holds its Meetings in the Abernethian Room every Thursday Evening, at 8 o'clock precisely, during the Winter Session, for the Reading and Discussion of Papers on Subjects of Medical Science or Practice, and for the Exhibition of Clinical Cases and Pathological Specimens.

LIST OF PAPERS TO BE READ BEFORE THE SOCIETY.

1898.	Author's Name.	Subject of Paper.
July 7,—	Prof. Kanthack.....	The Science and Art of Medicine.
Oct. 6,—	Sir Thomas Smith, F.R.C.S.	Reminiscences.
" 13,—	Dr. W. Jobson Horne	The Early Diagnosis of Phthisis (illustrated by Lantern Slides).
" 20,—	Mr. A. M. Mitchell, F.R.C.S.	The Treatment of the Peritoneum after Septic Infection.
" 27,—	Mr. J. K. Murphy, M.B. ...	The Treatment of Hæmorrhage in Pregnancy.
Nov. 3,—	Discussions, Clinical and Pathological.*
" 10,—	Mr. E. W. Roughton, F.R.C.S.	The Surgical Treatment of Chronic Otorrhœa.
" 17,—	Mr. E. B. Waggett, M.B.	The Surgery of the Accessory Sinuses of the Nose.
" 24,—	Dr. F. E. Batten	The Muscle-spindle under Normal and Pathological Conditions.
Dec. 1,—	Dr. Lewis Jones	The Therapeutic Uses of Electricity.
" 8,—	Mr. F. C. Wallis, F.R.C.S.	The Treatment of certain Simple Fractures by Operation.
1899.		
Jan. 12,—	Mr. James Berry, F.R.C.S.	Dressers and Dressing.
" 19,—	Mr. H. Williamson, M.R.C.S.	Some Complications following Abdominal Operations.
" 26,—	Discussions, Clinical and Pathological.*
Feb. 2,—	Dr. Bryce Collyer	Observations made during the Smallpox Epidemic in Gloucester, 1896.
" 9,—	Mr. T. Littler-Jones, M.R.C.S.	Some Notes on the Plague.
" 16,—	Mr. J. H. Thursfield, M.B.	Concerning Pleurisy.
" 23,—	Discussions, Clinical and Pathological.*
Mar. 2,—	Dr. F. W. Andrewes	The Causation of Summer Diarrhœa.
" 9,—	Mr. M. W. Coleman, M.B.	Tuberculin.
" 16,—	Annual General Meeting.

* At these meetings short communications may be made to the Society, with or without illustrative cases or pathological specimens. At all meetings members are invited to show cases of interest.

INAUGURAL ADDRESS.

The Inaugural Address was delivered on Thursday evening, the 6th inst., by Sir Thomas Smith to a crowded audience in the Anatomical Theatre, consisting of some 500 people, including a large number of the Nursing Staff.

Mr. Thursfield, the President, occupied the chair, and opened the proceedings with an appropriate speech.

The subject chosen by the lecturer was "Reminiscences." Sir Thomas gave his hearers his earliest impressions on his entrance to the Hospital about fifty years ago, and traced from those comparatively remote times the improvements that had taken place both in the Hospital itself and in those responsible for the proper administration of the same.

When Sir Thomas first became a student at St. Bartholomew's the conclusion he drew from what he heard was that the good old days had passed away, and that "his lot had fallen on evil times." This same idea pervaded the whole Hospital, but nevertheless it was not the correct way in which to approach surgery. Too much stress was laid on the dicta of the preceding generation, but it was to be remembered that surgery has no fixed and immutable principles.

Sir Thomas related how members of the staff of the Hospital had been elected in former days, and referred to the obtaining of diplomas under the two and a half years' system. The introduction of asepsis into modern surgery, and of chloroform as a general anæsthetic (and no longer an after-dinner amusement), were also touched upon. The address was interspersed here and there with amusing anecdotes and remarks, which elicited rounds of applause, and a most interesting and admirable lecture was brought to an end by a few kindly words of advice to the younger members of the medical profession.

A vote of thanks to Sir Thomas Smith was proposed by Sir Dyce Duckworth, who hoped that the address would be printed, so that besides the large audience who had heard him that night, that larger audience of Old Bart.'s men might read those words of admirable common sense. We also hope to be able to print the address *in extenso* in our next issue.

Mr. Bowlby in a short speech seconded the proposal, and referred to Sir Thomas's share in that progress of surgery of which the latter had spoken.

A burst of applause followed these remarks, and at the termination of the meeting the company adjourned to the Library for refreshments.

The Bahere Lodge, No. 2546.



MEETING of this Lodge was held at Frascati's Restaurant, W., on Tuesday, the 11th inst., at 5 o'clock p.m., W. Bro. Burns, P.P.G.D., Surrey, in the chair. Bros. Carnall and Hoyland were raised to the third degree. Bros. Briggs, J. Stewart Mackintosh, jun., Heath, Keats, Brewerton, and Harold Burrows were passed to the second degree, and Mr. C. A. Coventon, of St. Leonard's-on-Sea, was balloted for and elected a member of the Lodge. Two communications were read from United Grand Lodge, and at the instigation of the W.M. the Deputy Master for the time being of the Sancta Maria Lodge, No. 2682, which is connected with St. Mary's Hospital, was elected an honorary member of the Bahere Lodge. About fifty brethren afterwards dined together.

The Alterations in the South Wing.



THE South Wing of the Hospital has undergone extensive repairs and additions this summer, the work extending over a period of nearly three months.

Order is once more restored from the chaos, and it will be clear to every one that great improvements have been effected in the furniture, warming, and ventilation of the wards, in the refreshing colour and good quality of the paint, and in the measures introduced for precautions against fire.

To go more into detail, the wards and staircases have been painted a light green, with a dark green dado. The paint (supplied by Blundell, Spence, and Co.) dries with a hard enamel-like surface, and has a very clean, fresh look.

Every ward is supplied with four sets of heating coils (two in each half-ward), which can be regulated by a key. A ventilator opens directly behind them, in communication with the outer air, which is thus warmed before passing into the ward.

The mantelpieces remain unaltered, except for their coat of green paint, but the wide fireplaces are a thing of the past. They are superseded now by square tiled stoves of a shaded green colour, toning with the walls, and standing well forward in a fireplace lined with light orange-brown encaustic tiles.

The stoves are made by Doulton, and have an open grate, so that the cheerful effect of firelight is not absent, as the word "stove" might imply.

There is every reason to think that they will prove to be more heat-giving, cleaner, and more economical of coal and labour than their predecessors.

Each ward kitchen has been fitted with a new cooking range of improved pattern, having an oven and boiler of good capacity.

This, the "Express" stove, as it is called, is proving very successful for the usual invalid cooking carried on day and night in the wards.

Iron bedsteads, painted white, fitted with wire frames and hair mattresses, have replaced the old sacking bedsteads and flock beds, much to the advantage of the sick, and also of the nursing staff, to whom the shaking up of the flock beds was no light task.

New lockers, with flap forming a bed-table, have been supplied throughout the block—a vast improvement on the old scrubbed lockers with their detached boards.

On the report and recommendation of Commander Wells, R.N., a complete installation of apparatus for protection from fire is being carried out not only in the South Wing, but through the Hospital generally. In the South Wing the installation is nearly complete. The Sisters' rooms have been rendered fireproof by the removal of the woodwork and the substitution of red perforated Bridgwater brick walls.

The wooden doors of the lift have been replaced by iron trellis-work gates, supplied by the Bostwick Gate Co.

On each landing stand six pails of water and a "corridor fire-pump," each ward also containing one of the latter. The pails and pumps are from the firm of Shand and Mason.

When completed the fire-calls will ring up the M.F.B. Station in Whitecross Street, and the employment of a permanent fireman is at present under consideration.

From the above sketch it is clear that many wise and important alterations have been made, and though they have yet to stand the test of time, the cold weather, and practical wear and tear, it is more than probable that they will justify their introduction.

The New Museum Specimens.

AS we go to press the additions made during the year 1898 may still be seen on show in the centre table of the Museum. A descriptive list, compiled by the Curator and Assistant Curator, Drs. Andrewes and Morley Fletcher, has also been issued. From the introductory remarks of this list we learn that the formalin and glycerine method of preservation, having given such satisfaction last year, is now adopted as a matter of routine. The authors also tell us that a "Student's Cabinet" of microscopic preparations illustrating medical and surgical pathology is one of the new departures. "Mere rarities and curiosities" are, we are glad to learn, excluded from this cabinet; we trust the Curators' hope will be fulfilled, and that the cabinet may prove of considerable educational value.

The Museum work of the twelve months is thus tabulated in the Curators' account:

Old specimens remounted	110
New specimens added	105
Casts added	10
Photographs added	22
Drawings "	13
Microscopic specimens added	43

A preliminary note is added of two valuable donations—a large collection of calculi given by Sir Robert Craven, and a collection of microscopic preparations made by the late Dr. Edward Palmer, Lincoln, presented by his widow.

Among the new specimens the following seem to us worthy of special notice:

Skull-cap from a case of acromegaly, with lower jaw, clavicle, hand and foot, and other bones from the same case (P. Furnivall, Esq.).

Vertical section through knee-joint, showing changes of Charcot's disease (R. H. Nicholson, Esq.).

A heart showing enormous dilatation of the left auricle, associated with mitral disease; the auricle is larger than the whole of the rest of the heart together (T. H. Woodfield, Esq.).

Multiple aneurisms of aorta; this is a marvellous specimen, showing three large aneurisms, each containing blood-clot in varied amount. The atheromatous changes in the vessel walls are well preserved, and the specimen admirably dissected. It must be quite unique of its kind (J. G. Forbes, Esq.).

Glands; specimens of pleura, lung, nose, and jaw, from the case in this Hospital last year. The specimens make an excellent set, showing the typical lesions of the disease.

Carcinoma of root of lung; a beautiful specimen of root-cancer, shown in section, with the accompanying changes in neighbouring organs; a very valuable addition to the Museum.

Epithelioma of œsophagus ulcerating into aorta, which had caused death by hæmatemesis.

Ruptured varicose vein of œsophagus, which also led to fatal bleeding.

Hæmorrhagic infarction of the jejunum—another remarkable specimen, and probably very rare. The clinical history, as we remember it, was equally exceptional. The patient had been treated for an attack of hæmatemesis two years previously, but had neither then, nor when examined a month before death, shown any other signs of cirrhosis of the liver. He was suddenly taken with symptoms of acute intestinal obstruction, and four days later died immediately after a second copious hæmorrhage. Post-mortem: blocking of the gut by infarction following thrombosis of a branch of the superior mesenteric vein was found; the liver was markedly cirrhotic.

Sarcomatous cysts of liver, showing breaking-down new growth, with hæmorrhage into the cavities thus formed. The formalin preserves the colours of such specimens as this in a most satisfactory way.

We are glad to recognise some old friends that have already attracted attention in the post-mortem room. Such are a hæmorrhagic supra-renal body from an infant, a rare specimen of glio-sarcoma of spinal cord, and a marked case of congenital syphilitic cirrhosis of the liver.

A set of specimens illustrating an uncommon form of colloid carcinoma of the breast and secondary growths in sternum and skull are well mounted, and are familiar to us through the Pathological Society's 'Transactions' (Dr. W. d'Este Emery).

The photographs, we regret to note, though they are good, are considerably fewer in number than of late years.

In the Teratological Section the most interesting specimen is one of macrodactyly from a boy of thirteen years (Robert Jones, Esq.).

The Curators are much to be congratulated upon the admirable set of specimens they have prepared and mounted, and those who have not yet seen them should do so before they are "shelved" in the various sections of the Museum.

St. Bartholomew's Hospital Photographic Society.

AT a meeting held on October 14th the following officers were elected:—President, Dr. Lewis Jones; Vice-Presidents, Dr. Calvert and Mr. T. J. Horder; Committee, Messrs. Gandy, Gask; and Tatchell; Hon. Sec., Mr. R. T. Cooke. The date of the Annual Winter Exhibition was fixed for the afternoon of November 30th. Pictures will be hung in the Electrical Department rooms, and there will be a lantern demonstration in the Anatomical Theatre. Former members of the Society are invited to lend exhibits, and it is hoped that any freshers who are interested in photography will communicate with the Secretary in order to become members of the Society.

The Physiological Laboratory.

THE Physiological Laboratory before the vacation and after it are two different things, as anyone who was acquainted with its somewhat barren appearance two months ago may prove for himself by an even casual inspection to-day. The room has altered its character almost past recognition, the utmost economy of space being now taken advantage of by the erection of seven transversely placed benches, topped by stout oak slabs, and fitted with all the requisite materials for practical work. At the far end of the room is an eighth bench, raised above the rest, and utilised for purposes of demonstration, being

backed by a platform some three feet high, and a commodious blackboard running nearly the whole breadth of the room. An electric motor supplies energy for two shafts fixed upon the first couple of benches, allowing some fifteen students to work at machines and recording apparatus. An hydraulic motor also supplies the demonstrator with similar means of using the familiar drum upon the end table in view of the whole class. Accommodation is now possible for some eighty students at a time, and this number was exceeded by five last week. The gas and water arrangements have been remodelled, and in the centre of the room the heating coil acts as a fixed table from which to work the lantern used to demonstrate spectra, photo-micrograms, &c.

The Physiological Department has waited long for these improved conditions, but the alterations have resulted in a room which we are sure will give great satisfaction. The arrangements made for purposes of demonstrating to the class are, we should think, not to be equalled elsewhere in London. Already we have heard sundry regrets from senior men that the days of their physiology tuition are no more. The alterations are a great gain to the Medical School of St. Bartholomew's.

Junior Staff Appointments.

THE following appointments have been made, dating from October 1st:

HOUSE PHYSICIAN TO—

	SENIOR.	JUNIOR.
<i>Dr. Church</i>	E. F. Palgrave, M.R.C.S., L.R.C.P.	H. W. Henshaw, M.R.C.S., L.R.C.P.
<i>Dr. Gee</i>	H. Thursfield, M.A., M.B., B.Ch.(Oxon.), M.R.C.S., L.R.C.P.	J. H. Churchill, M.R.C.S., L.R.C.P.
<i>Sir D. Duckworth</i>	R. H. Bremridge, B.A. (Oxon.), B.Sc.(Lond.), M.R.C.S., L.R.C.P.	C. V. Knight, M.R.C.S., L.R.C.P.
<i>Dr. Hensley</i>	S. Bousfield, B.A. (Cantab.), M.R.C.S., L.R.C.P.	R. W. Jameson, M.R.C.S., L.R.C.P.
<i>Dr. Brunton</i>	J. E. Sandilands, B.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P.	Clive Riviere, M.B. (Lond.), M.R.C.S., L.R.C.P.

HOUSE SURGEON TO—

<i>Mr. Willett</i>	L. B. Rawling, B.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P.	M. A. Cholmeley, M.R.C.S., L.R.C.P.
<i>Mr. Langton</i>	J. L. Maxwell, M.B. (Lond.), M.R.C.S., L.R.C.P.	T. Litler Jones, M.R.C.S., L.R.C.P.
<i>Mr. Marsh</i>	R. D. Parker, B.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P.	C. G. Watson, M.R.C.S., L.R.C.P.
<i>Mr. Butlin</i>	H. Muntly, M.R.C.S., L.R.C.P.	W. T. Rowe, M.R.C.S., L.R.C.P.
<i>Mr. Walsham</i>	S. P. Huggins, M.B. (Lond.), M.R.C.S., L.R.C.P.	P. Wood, M.R.C.S., L.R.C.P.

OPHTHALMIC HOUSE SURGEON.—E. C. Morland, M.B., B.Sc.
(Lond.), M.R.C.S., L.R.C.P.

INTERN MIDWIFERY ASSISTANT.—A. R. J. Douglas, M.B., B.S.
(Lond.), M.R.C.S., L.R.C.P.

EXTERN MIDWIFERY ASSISTANT.—A. E. Naish, B.A.(Cantab.),
M.R.C.S., L.R.C.P.

RESIDENT ANÆSTHETISTS:

	SENIOR.	JUNIOR.
	B. Collyer, M.D.(Lond.), M.R.C.S., L.R.C.P.	A. Granville, M.R.C.S., L.R.C.P.

Award of Entrance Scholarships.

Senior Scholarship in Biology and Physiology, value £75.—L. J. Picton, B.A.(Oxon.).

Senior Scholarship in Chemistry and Physics, value £75.—Not awarded.

Junior Scholarship in Chemistry, Physics, and Biology, value £150.—J. Burfield, C. C. Robinson, equal.

Preliminary Scientific Exhibition in Chemistry, Physics, and Biology, value £50.—A. F. Forster.

Jeaffreson Exhibition.—T. Jeaffreson Faulder, B.A.(Cantab.).

Shuter Scholarship.—F. C. Shruballs, B.A.(Cantab.).

We offer congratulations to the scholars who have begun their careers at Bart.'s under such favorable auspices. Three of them can hardly be termed Freshmen, as they have been members of the Preliminary Scientific Class—C. C. Robinson, J. Burfield, and A. F. Forster. C. C. Robinson obtained second-class honours in zoology and third-class honours in chemistry. J. Burfield was awarded second-class honours in chemistry.

L. J. Picton, B.A., of Merton College, Oxford, has just returned from the Zoological Station at Naples, where he occupied the Oxford University table. He has recently published a paper embodying his researches in the *Quarterly Journal of Microscopical Science*, entitled "The Heart Body of Chætopods." He obtained high honours in the Final School of Natural Science at Oxford.

F. C. Shruballs, B.A., of Clare College, Cambridge, obtained a first class in the Natural Sciences Tripos, and has since published various papers on craniology.

T. Jeaffreson Faulder, B.A., is also a member of Clare College; he obtained a first class in the Classical Tripos at Cambridge, and was senior scholar and prizeman of his College.

Clinical Lectures during the Present Session.

Medicine.	Surgery.
Oct. 14.—Dr. Church.	Oct. 12.—Mr. Willett.
" 21.—Dr. Gee.	" 19.—Mr. Willett.
" 28.—Sir Dyce Duckworth.	" 26.—Mr. Langton.
Nov. 4.—Dr. Hensley.	Nov. 2.—Mr. Langton.
" 11.—Dr. Brunton.	" 9.—Mr. Langton.
" 18.—Dr. Church.	" 16.—Mr. Butlin.
" 25.—Dr. Gee.	" 23.—Mr. Butlin.
Dec. 2.—Sir Dyce Duckworth.	" 30.—Mr. Walsham.
" 9.—Dr. Hensley.	Dec. 7.—Mr. Walsham.
" 16.—Dr. Brunton.	" 14.—Mr. Walsham.

St. Bartholomew's Hospital Students' Christian Association.

- Oct. 6th.—H. W. Oldham, Esq. (London Secretary, Medical Prayer Union).
 " 14th.—Annual Meeting.
 " 20th.—Com. Dawson, R.N.
 " 25th.—Missionary Meeting.
 Nov. 3rd.—Dr. H. Soltau (Bible Reading).
 " 10th.—A. Carless, Esq., F.R.C.S. (Senior Assistant Surgeon at King's College Hospital).
 " 17th.—A. G. Frazer, Esq., B.A. (Travelling Secretary, Student Volunteer Missionary Union).
 " 24th.—Captain Arde Browne.
 Dec. 1st.—Rev. F. A. Pring, M.R.C.S., L.R.C.P. (St. Bart.'s) (Bible Reading).
 " 8th.—G. T. Manley, Esq., M.A. (Fellow of Christ's College, Cambridge).

Reviews.

ELEMENTS OF HISTOLOGY, by E. KLEIN, M.D., F.R.S., and J. S. EDKINS, M.A., M.B. Revised and enlarged edition. (London: Cassell and Co. Price 7s. 6d.)

From 1889 to 1898 is a far cry in most branches of medical science, and histology is no exception in this case. The new edition of the work before us is all the more welcome in that we have awaited it so patiently. At its first appearance in 1883 it deservedly won a position as a most reliable *résumé* of our knowledge of the subject. The 1889 edition made that position still more secure. It is only of late that we must confess to having experienced a temporary lukewarmness in our recommendation of the book to inquiring students,—a change of front we attribute to the appearance of other and more modern works which were able to avail themselves of advances made in the subject during the past decade. This our lukewarmness, however, was always mingled with that regret which often attends a change of old friends for new. To-day we gladly return to our former allegiance, for we know no other text-book of histology we would rather see in the student's hand.

Marked throughout by that careful and studied mastery of the subject which Dr. Klein's own epoch-marking additions to histology have made familiar to us, we congratulate him upon the new features of this last edition of his work. Dr. Edkins is now associated with Dr. Klein as joint author, and he is responsible for the chapters, re-written and extended, dealing with the bulb and brain. Our knowledge of the minute structure of the bulb, pons, and crura renders this no easy task, but Dr. Edkins has produced a description which we feel confident will greatly assist the student. The text is elucidated by a series of photomicrographs which should tend to throw some light into what usually remains, when all is said and done, but a dim corner of the student's mind. These illustrations vary somewhat in value, but are for the most part admirable. In estimating their worth we must bear in mind the difficulty of the subject, but not less the fact that the satisfactory study of the histology of any complex region by means of transverse sections is always the last thing the student teaches himself. We welcome most heartily this attempt to wean him from the study of purely diagrammatic representations; it should tend to counteract that rooted prejudice which so often handicaps him,—that the authors of such diagrams draw upon a lively imagination, and portray structures as they were never seen by mortal eye. The photogram must cut this ground from under him effectually, with the result (let us hope) of sending him to his microscope instead of to his diagram. The same effort is successfully carried out in other parts of the book. Specially good are the photograms of injected bile canaliculi and blood-vessels, corneal corpuscles, and nerve fibrillae, injected lung, organ of Jacobson, blood-cells showing phagocytosis, and oxyphile granules and (in another section, that falls to Dr. Edkins' pen, the alimentary canal) taste-buds, salivary glands, and mucous membrane of large intestine. In this connection a word of praise is due to Messrs. Pringle and Norman for their careful and finished photomicrographic work, and one of thanks to the publishers for supplying a better quality of paper, which takes the photographic impressions excellently, and by no means causes the type to suffer.

Sections largely revised or added, and which greatly enhance the value of the book, are those dealing with Boveri and Heidenhain's observations upon the minute structure of the cell; karyomitosis, with a good epitome of the labours of van Beneden, Schleicher, Rabl, and Flemming; Golgi's discoveries in connection with the neuron and its collaterals; and Kölliker and Kühne's description of the muscle-spindle, that as yet so little studied histological element, which bids fair to throw some light upon our knowledge of the sensory phenomena of voluntary muscle. Kölliker's diagram is reproduced in this connection. Chap. xxii, upon General Considerations as to the Anatomy and Nature of the Nervous System, is a valuable addition. Incidentally we notice that the authors continue to give precedence to Rollett's views of the structure of striped muscle. In all such vexed questions we consider science best served by as close an adherence to actually observed phenomena as possible, and certainly Rollett's descriptions possess this merit; other views as yet wander dangerously far into the region of pure theory. The chapters on the lymphatic system, so many facts concerning which we owe originally to Dr. Klein's own investigations, still remain the most complete account we possess of this branch of histology.

Our grumbles are but few. We should have liked to see a rather fuller account of the varieties of leucocytes in the blood, with (for

instance) a table of percentages in an average normal blood-count. Clinical blood examination has become of such great importance in so many diseases that fixed ideas as to the cellular constitution of the blood in health can hardly be introduced too early in the student's curriculum. The photograms illustrating sections of the spinal cord at different levels, which for beauty of reproduction we have never seen equalled, suffer a little from the fact that they have not been reduced to the same scale; as a result, the section through the dorsal region appears somewhat larger than that through the cervical. A more frequent note as to the extent of magnification in the illustrations would be useful. But these are trivial matters compared with the great merits the book possesses. We can most heartily recommend it to all who need a reliable, complete, and carefully prepared manual of histology.

HEALTH LOSS AND GAIN, by M. A. CHREIMAN. (London: The Rebmam Publishing Company, Shaftesbury Avenue, 1898.)

This is a most extraordinary work. Out of the bewildering verbiage, the involved style, and the manifold snippets of quotations, one idea stands out—a plea for the more definite and extended practice of preventive medicine. Not from the pen of a medical man, it is by one who evidently has a high and, we hope, not misplaced opinion of the medical profession. The author refers to his "troublesome practicality." He need have no anxiety on that score, for more impracticable proposals than many which he makes in these pages we have seldom met with.

Picture a daily paper devoted to the science of preventive medicine; what an enormous fortune could thus be comfortably dispersed in a fortnight! Imagine "gymnasia which would never be in full swing without the presence of many medical men watching pulse, veins, respiration, pallor and flushing, tremor and perspiration"! Consider the profession undertaking such a duty as this: "You would perforce save hospitality from the deterioration of competitive and intemperate display, with its complicated accessories, and so abolish its worries and abundantly enhance its physical and mental refreshments;" and when a medical man has mastered these minor branches of preventive medicine, it is suggested that he should preach on the enormity of the sin of grumbling! Why, we have actually met with fully qualified members of the profession who occasionally indulged in a mild grumble on their own account. No, "troublesome practicality" is hardly the key-note of this book.

A medical protectorate of health may be Utopian, though desirable, but some of the forms which Mr. Chreiman is anxious for it to assume would amount to a medical inquisition.

We are sorry if we appear harsh in our estimate, for the author has evidently gone far afield in search of material. For instance, he quotes from Dr. Robert Bridges, "Notes from the Casualty Department," which so enlivened the Reports of this Hospital some years ago; and he gives a *bon mot* of Sir James Paget, which to us is quite new. "You may depend upon it," said Sir James, when asked to explain the difference in type of respiration in the two sexes, "that people breathe over the seat of their affections; women breathe over the heart, and men breathe over the stomach." We are sorry, moreover, for undoubtedly the main idea, that in more extended preventive medicine lies medical progress, is quite sound. Nevertheless, despite this and the many unconscious sallies of humour which illuminate its pages, this is one of those books "which it is pleasant and even helpful not to have read."

A MANUAL OF SURGERY FOR STUDENTS AND PRACTITIONERS, by WILLIAM ROSE, M.B., F.R.C.S., and ALBERT CARLESS, M.S., F.R.C.S. (London: Baillière, Tindall, and Cox, 1898. Price 21s.)

This manual, dedicated to Lord Lister, and written by two surgeons whose names are guarantees for sound and conscientious work, aims at filling a distinct gap in our educational series. The large works on surgery are too large for the student or general practitioner, the ordinary text-books for examinations are too small. The authors' aim, therefore, has been "to present the facts of surgical science in a concise and succinct form, so as to satisfy the student, even of those (*sic*) who are preparing for the higher examinations. At the same time the requirements of the general practitioner have not been overlooked." Throughout the authors have evidently felt the limitations of space rather severely. And in this connection we have a suggestion to make. Pathology has advanced at such pace of recent years that it is impossible to treat of it satisfactorily in a text-book of general surgery. In this work, for instance, we find that of rather more than a thousand pages, 132 are devoted to the discussion of inflammation, sepsis, and infection. Now really this seems beside the mark; no one thinks of including anatomy and physiology in a text-book of surgery or medicine, and we suggest that the time has come when

both for economy of space and efficiency of treatment the discussion of pathological questions should be relegated to special books on the subject. The space thus gained could be devoted to more practical considerations, and readers could be referred to the proper sources of information on pathology. Had this somewhat revolutionary method been followed in the work before us its value would have been considerably enhanced; but even as it is, it forms a text-book which we can cordially recommend to those in search of a concise and yet fairly full résumé of the present position of surgery.

OUTLINES OF PRACTICAL SURGERY, by WALTER G. SPENCER, M.B., M.S., F.R.C.S. (London: Baillière, Tindall, and Cox, 1898. Price 12s. 6d.)

This work forms an excellent pendant to the *Manual of Surgery* we have received from the same publishers. It is limited to practical subjects, as the title indicates, and a perusal of the book will prove that the treatment of those subjects is practical also. The directions given are brief, but as a rule lucid; sometimes, however, it appears to us that clearness has been sacrificed to brevity of description, and that a student might in consequence be rather puzzled. Such instances, however, are exceptional. The book has 109 illustrations, many of them admirable, and the style and printing of the volume are worthy of praise.

PRACTICAL ORGANIC CHEMISTRY, by S. RIDEAL, D.Sc.(Lond.), F.I.C., F.C.S. Second edition. (London: H. K. Lewis. Price 2s. 6d.)

This useful little manual has now passed into a second edition. Descriptions of several organic substances which have recently been included in the schedules for various examinations, and a few other compounds of general interest, have been added. Alterations brought about by the new edition of the 'British Pharmacopœia' have been added where necessary.

Examinations.

UNIVERSITY OF DURHAM.—*M.D. for Practitioners of 15 years' standing*.—S. S. Hoyland, M.R.C.S., L.S.A. *M.B., B.S.*—H. G. Harris, M.R.C.S., L.R.C.P.

SOCIETY OF APOTHECARIES.—*Anatomy and Physiology*.—L. C. Ferguson. *Physiology only*.—D. H. H. Moses, H. H. Serpell.

Pathological Department of the Journal.

SPECIMENS sent by subscribers only to the JOURNAL will be examined in the Pathological Laboratory, and a report furnished under the supervision of Dr. Andrewes, at the following rate:

Ordinary examination, Bacteriological or Patho-	s. d.
logical, such as tumour, membrane, or sputum	2 6
Ordinary (qualitative) urine examination	2 6

Any further report will be charged at a special rate. If a mounted specimen be desired an extra charge of 1s. will be made. If a telegraphic report be required the cost of the telegram will be charged in addition.

Specimens must be accompanied by the fee and a stamped addressed envelope, in which the report will be sent as soon as possible. Specimens, with, if possible, a short history of the case, must be addressed to "The Manager of the JOURNAL," with "Pathological Department" written in some conspicuous place on the wrapper.

On application to J. Russell, Museum Assistant, a set of bottles containing hardening fluids, and ready for sending away by post, can be obtained on remitting a postal order for 2s. 6d.

Appointments.

BROWN, W. LANGDON, M.A., M.B., B.C.(Cantab.), appointed House Surgeon to the Metropolitan Hospital.

CORFIELD, CARRUTHERS, M.R.C.S., L.R.C.P., L.S.A., appointed

Surgeon to the Tooting Lodge of the Independent Order of Odd Fellows.

CROWLEY, R. H., M.D.(Lond.), appointed Honorary Physician to the Bradford Royal Infirmary.

FLEMING, J. K. S., M.R.C.S., L.R.C.P., appointed House Physician to the Metropolitan Hospital.

GILES, L. T., M.A., M.B., B.C.(Cantab.), F.R.C.S., appointed Assistant Surgeon to the Children's Hospital, Sheffield.

HEMMING, J. J., M.R.C.S., L.S.A., appointed District Medical Officer for Margate.

LEGG, T. P., M.B.(Lond.), F.R.C.S., appointed Senior Resident Medical Officer to the Royal Free Hospital, London.

NICHOLSON, G. B., B.A.(Cantab.), M.R.C.S., L.R.C.P., appointed Junior House Physician to the West London Hospital.

PATERSON, HERBERT J., M.A., M.B.(Cantab.), F.R.C.S.(Eng.), appointed Assistant Medical Officer to the Hospital of St. Francis, 145, New Kent Road, S.E.

ROBINSON, C.A., M.B., B.C.(Cantab.), appointed Senior House Surgeon to the Royal Hospital, Portsmouth.

SMITH, S. F., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Surgeon to P. and O. Steamer Shanghai.

STEPHENS, J. W. W., M.A., M.B., B.C.(Cantab.), appointed a member of the Commission to investigate the mode of dissemination of malaria.

STRICKLAND, C., L.R.C.P., L.R.C.S.(Edin.), appointed Staff Surgeon to H.M.S. Medea.

TURNER, P. E., M.B., B.S.(Dunelm), M.R.C.S., L.R.C.P., appointed House Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

YELD, R. A., M.A., M.B., B.C.(Cantab.), appointed Assistant House Physician to the Metropolitan Hospital.

Births.

ACKLAND.—On the 3rd inst., at 33, Lansdowne Road, W., the wife of R. C. Ackland, M.R.C.S., L.R.C.P., of a daughter.

ADAMS.—September 20th, at 180, Aldersgate Street, E.C., the wife of John Adams, F.R.C.S., of a daughter.

DINGLEY.—September 24th, at 11, Upper Woburn Place, W.C., the wife of Allen Dingley, F.R.C.S., of a daughter.

SAUNDERS.—On August 13th, at The Limes, Grimston, King's Lynn, the wife of Allen Lindsey Saunders, M.R.C.S., L.R.C.P., of a son.

Death.

ARBOUIN.—On the 5th October, at Sunnymead, Southborough, Kent, Margaret Arbouin, widow of the late Samuel Arbouin, and last surviving daughter of the late John Abernethy, F.R.S.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette, The Hospital, London Hospital Gazette, Guy'scope, Nursing Record, St. George's Hospital Gazette.*